



Waste Reporting System

Department of Toxic Substances Control (DTSC)

April 2018, version 2



Waste Reporting System (WRS)

DTSC

- 1 What is it? Why use it?
- 2 Guide to the Annual/Biennial Report
- 3 Site Identification Form
- 4 Waste Generation and Management Form
- 5 Waste Received from Off-Site Form
- 6 Certification



WRS

What is it?

Why use it?

- WRS is the Department of Toxic Substance Control's Hazardous Waste Reporting System (WRS).
- Hazardous waste generators and facilities enter and report hazardous waste activities for the Biennial and Annual Facility Reports.
- WRS is quick and convenient.

WRS

Guide to the Annual/Biennial Report

Go to this link: <http://hwts.dtsc.ca.gov/WRS/Account/Login>

Welcome to the Hazardous Waste Reporting System

This system offers you a quick and convenient way to file your 2017 Biennial Report.

If you are using DTSC's Hazardous Waste Reporting System(HWRS) for the first time, [Register Now](#)

Log Into HWRS

Login Name

Password

Login

[Register](#)

[Forgot Password/Login Name?](#)

WRS

Registering for an Account

- You must first register and then create a login name and password.

Request for System Access

If you are using the BRS system for the first time, please register below to request on-line access.

Account Holder Information

* denotes required field

First Name*

Last Name*

Company Name*

Phone Number*

Email Address*

Confirm Email Address*

WRS

Account Login

- Create your personalized login name and password.

Account Login

- Login Name must begin with alphanumeric character and at least 8 characters in length, with no spaces. These special characters are valid: @ - _ .
- Password is required to be between 8 and 20 characters. Spaces are not allowed. These special characters are valid: ! @ # \$ % & * - . _ ?

Login Name*

Password*

Confirm Password*

Submit Account Request

WRS

Add your ID number

- Enter the year for which you are reporting.
- You must enter a valid EPA ID number; select “Add ID Number.”
- You may enter more than one EPA ID number if you are completing reports for multiple sites.

Welcome to DTSC's Hazardous Waste Reporting System

The Hazardous Waste Reporting System is designed for hazardous waste generators and facilities to enter and report their hazardous waste activities for the Annual or Biennial Hazardous Waste Report.

Hazardous Waste Report Calendar Year

Select the calendar year of your hazardous waste activities.

Year

Add an ID Number(s) to the reporting year or proceed to the Hazardous Waste Report form entry below.

ID Number

Add ID Number

Assigned ID Numbers - 2017 Hazardous Waste Report Forms and Status

Select the RCRA Subtitle C Site Identification Form (SI Form), Waste Generation Management Form (GM Form) and/or Waste Received from Off-site Form (WR Form) icons below to enter your hazardous waste activities. Once you have completed the applicable forms, select the Submit button to send your Hazardous Waste Report to DTSC for review. You may add, change or update your data any time prior to submission. You may download a copy of your completed report by selecting the PDF icon.

WRS

Accessing your forms

- After you enter your ID number, your site information will appear as below.
- It will include your site ID number, facility name, Biennial Report forms, and status.
- The pencil shows the form(s) need to be completed.
- The check marks show the forms are complete.
- You can remove the entire report if you determine you are not required to file by selecting the **red X**.
- This view shows one report for “Chemical Waste” that needs completion and a report for “Medical Center” already submitted to DTSC.

2017

Assigned ID Numbers - 2016 Hazardous Waste Report Forms and Status

Select the RCRA Subtitle C Site Identification Form (SI Form), Waste Generation Management Form (GM Form) and/or Waste Received from Off-site Form (WR Form) icons below to enter your hazardous waste activities. Once you have completed the applicable forms, select the Submit button to send your Hazardous Waste Report to DTSC for review. You may add, change or update your data any time prior to submission. You may download a copy of your completed report by selecting the PDF icon.

ID Number	Facility Name	SI Form	GM Form	WR Form		
CAT0006	CHEMICAL WASTE				Submit	 
CAD0781	MEDICAL CENTER				In Review	

Site Identification Form (SI) Form

- WRS will show your site ID number at the top of the screen.
- You can go from one section of the form in sequential order, using the menu on the left, or by selecting “Next>>”.
- You must check “Save and Exit” if you need to complete the form later.
- When you return to your SI Form, you can select where you would like to begin.

Site Identification Form - CAT001

Reason for Submittal

[Site Information](#)

[NAICS Code](#)

[Site Mailing Address](#)

[Site Contact Person](#)

[Owner/Operator Information](#)

[Regulated Waste Activity](#)

[Description of Hazardous Waste](#)

[Comments](#)

[Review](#)

Reason for Submittal (Mark all that apply)

☐ To provide a Subsequent Notification (to update site identification information for this location)

☒ As a component of the Hazardous Waste Report

☒ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

[Save and Exit](#)

[<< Previous](#)
[Next >>](#)

SI Form

Site Identification Form

- You must confirm your site address; if you believe the address is not correct, contact DTSC staff at brsstaff@dtsc.ca.gov.
- Verify the Land Type is correct; change if necessary.

Site Identification Form - CAT000

Reason for Submittal	Site Information
Site Information	
NAICS Code	
Site Mailing Address	
Site Contact Person	
Owner/Operator Information	
Regulated Waste Activity	
Description of Hazardous Waste	
Comments	
Review	

Site Name	CHEMICAL WASTE
Street or P.O. Box	KETTLEMAN
Please confirm the Site's Street Number and Street Name below. The Street Number and Street Name must be entered separately.	
Street/House Number	Street
Street or P.O. Box	
City	KETTLEMAN CITY
County	Kings
State	CA
Country	US
Zipcode	932100000
Land Type	<input checked="" type="radio"/> Private <input type="radio"/> County <input type="radio"/> District <input type="radio"/> Federal <input type="radio"/> Tribal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Other

Save and Exit

<< Previous

Next >>

SI Form


North American
Industry Classification
System (NAICS) codes

- NAICS is a code used to classify businesses for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.
- You may either enter your NAICS code(s) or locate your code at “Click Here.”

Site Identification Form - CAT000

Reason for Submittal	NAICS Code(s) for the Site	
Site Information		
NAICS Code		
Site Mailing Address		
Site Contact Person		
Owner/Operator Information		
Regulated Waste Activity		
Description of Hazardous Waste		
Comments		
Review		

A	<input type="text"/>	Click Here
B	<input type="text"/>	
C	<input type="text"/>	
D	<input type="text"/>	



[Save and Exit](#) [<< Previous](#) [Next >>](#)

SI Form

Site Mailing Address

Site Contact Person

- Enter your street number separately from your street name.
- You may check “Same as Site Information” if the address is the same.
- You must enter your Site Contact information

Site Identification Form - CAT000

Reason for Submittal	Site Mailing Address		
Site Information	<input type="checkbox"/> Same as Site Information		
NAICS Code	Street or P.O. Box	Street/House Number	Street/PO Box
Site Mailing Address	Street 2		

Site Contact Person	
First Name	Contact First Name
MI	Contact Middle Initial
Last Name	Contact Last Name
Title	Work or Job Title
Email	Enter Primary Email Address
Phone	Telephone Number
Ext.	Telephone Number Ext
Fax	Fax Number

SI Form

Owner/Operator

- Your site's legal owner is the **property owner**.
- Your site's operator is the owner of the company operating the business at the site.
- Verify the owner/operator type and change, if necessary.

Site Identification Form - CAT000

Legal Owner and Operator of the Site

Owner

Owner

Name of Site's Legal

Date Became Owner

MMDDYYYY

Owner Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

☐ Same as Site Information

Street or P.O. Box

Street/House Number

Street/PO Box

SI Form

Regulated Waste Activity

- Check the appropriate boxes; you **MUST** check Yes if you generate hazardous waste.
- You must enter comments regarding your waste activity if you were a Short-Term Generator.

Type of Regulated Waste Activity

Please indicate the type of Regulated Waste Activity at your site for all current activities as of the date submitting this form.

Hazardous Waste Activities

1. Generator of Hazardous Waste: ☐ Yes ☒ No (If "Yes", mark only one of the following)

- ☐ a. LQG: Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
- ☐ c. VSQG: Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2 and 3, as applicable.

- 2. ☐ Short-Term Generator (generate from a short-term or one-time event and not from on-going process). If selected, provide an explanation in the Comments section.
- 3. ☐ Mixed Waste (hazardous and radioactive) Generator

2. ☒ Short-Term Generator (generate from a short-term or one-time event and not from on-going process). If selected, provide an explanation in the Comments section.

Short-Term Comments

3. ☐ Mixed Waste (hazardous and radioactive) Generator

SI Form


Description of Hazardous Waste

- Enter your waste codes from the “Insert Code” box.
- Sections A and B are required for all sites generating hazardous waste, unless they are a Treatment, Storage, Disposal Facility (TSDF).

Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Waste

Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).



Insert Code

Remove Code From List

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes

Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations.



Insert Code

Remove Code From List

Select code

- ☐ D001 : IGNITABLE WASTE
- ☐ D002 : CORROSIVE WASTE
- ☐ D003 : REACTIVE WASTE
- ☐ D004 : ARSENIC
- ☐ D005 : BARIUM
- ☐ D006 : CADMIUM

SI Form Review

- The database will tell you if you made an error.
- You can add the missing information on the same screen.
- After entering the missing information, click on the “Submit” button.

Description of Hazardous Waste : Please fill in the "B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes" field

Reason for Submittal (Mark all that apply)

☐ To provide a Subsequent Notification (to update site identification information for this location)

☒ As a component of the Hazardous Waste Report

☒ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

Waste Generation and Management (GM) Form

- Select “GM Form” from the main page.

ID Number	Facility Name	SI Form	GM Form	WR Form	Submit		
CAT000	CHEMICAL WASTE				Submit		

- Select “Add new.”

Waste Generation and Management - CAT000646117

Use "Add New" button to create new form.

Exit Add new

- Click on the description of the hazardous waste if you must return to complete your GM Form.

Description	Status	
Description...	Incomplete	



GM Form

Section 1 – Waste Information

- Enter your waste description from your manifest(s).
- You can combine several manifests only if they have the same
 - Waste description,
 - Source Code,
 - Form Code, and
 - Waste Minimization Code.
- Insert your EPA and state hazardous waste codes (both are required) unless you are a Treatment, Storage, Disposal Facility (TSDF).

Waste Generation and Management - CAT0

Section 1	Section 1
Section 2	A. Waste description <div style="border: 1px solid #ccc; height: 30px; margin-top: 5px;"></div>
Section 3	B. EPA hazardous waste code(s) <div style="border: 1px solid #ccc; height: 50px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">Insert CodeRemove Code From List</div>
Review	D. Source code <div style="border: 1px solid #ccc; width: 150px; margin-top: 5px;"></div> Click Here
	E. Form code <div style="border: 1px solid #ccc; width: 150px; margin-top: 5px;"></div> Click Here
	F. Quantity generated in 2016 <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid #ccc; width: 100px; text-align: center;">000000000000</div><div style="margin: 0 5px;">.</div><div style="border: 1px solid #ccc; width: 80px; text-align: center;">000000</div></div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid #ccc; padding: 2px 5px;">Select Unit of Measure</div><div style="margin-left: 10px;">▼</div></div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid #ccc; width: 80px; text-align: center;">000</div><div style="margin: 0 5px;">.</div><div style="border: 1px solid #ccc; width: 60px; text-align: center;">00</div><div style="margin-left: 10px;">Select Density Unit of Measure</div><div style="margin-left: 10px;">▼</div></div>
	G. Waste minimization code <div style="border: 1px solid #ccc; padding: 2px 5px; margin-top: 5px;">Select Waste minimization Code</div> <div style="text-align: right; margin-top: 5px;">▼</div>
	<div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Save and Exit</div><div><< Previous</div><div>Next >></div></div>

GM Form

Section 2 – Onsite Treatment

- Was any of your waste (in section 1) treated, disposed of, or recycled onsite?
- If Yes, you must provide the on-site Management Method Code and quantity in section 2.
- Most sites do not perform this activity.

Section 1

Section 2

Section 3

Review

Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
☐ Yes ☒ No

Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
☒ Yes ☐ No

ON-SITE PROCESS SYSTEM 1

On-site Management Method code
Select Management Method Code ▼

Quantity treated, disposed, or recycled on site in 2016
000000000000 . 000000

ON-SITE PROCESS SYSTEM 2

On-site Management Method code
Select Management Method Code ▼

Quantity treated, disposed, or recycled on site in 2016
000000000000 . 000000

GM Form

Section 3 - Off-site Shipment

- Was any of your waste (in section 1) shipped offsite?
- If Yes, you must provide the EPA ID number of the receiving facility, quantity shipped, and off-site Management Method Code (all found on your manifest).
- You can combine manifests and provide information for up to three (3) off-site facilities. **If you have more than three (3) facilities, add another GM Form.**

Section 3

A. Was any of this waste shipped off site in 2016 for treatment, disposal, or recycling?

☒ Yes ☐ No

Site 1

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management Method code shipped to

Select Management Method Code ▼

D. Total quantity shipped in 2016

 .

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management Method code shipped to

Select Management Method Code ▼

D. Total quantity shipped in 2016

 .

GM Form Review

- The database will tell you if you are missing any information when you review your GM Form(s).
- Make changes, as needed, and resubmit.
- You may select the “Add new” button to enter more GM Forms or “Exit” to go back to the main menu.

Section 3 : Please fill in the "D. Total quantity shipped" field under "Site 1" label

Section 1

A. Waste description

RCRA hazardous waste solid

Waste Generation and Management - CAT000

Description	Quantity	Status
RCRA hazardous waste solid...	1000.000000 lbs	Completed

Exit

Add new



Waste Received from Off-site (WR) Form

Waste Received Off-
site from ONE ID
Number.

ONLY Treatment, Storage, Disposal Facilities (TSDFs) of hazardous waste complete the WR Form.

- Select “WR Form.”

ID Number	Facility Name	SI Form	GM Form	WR Form	
CAT0001	CHEMICAL WASTE				<div>Submit </div>

- Select “Add New,” or if you already started working on a WR Form, select the description of the hazardous waste.

Waste Received from Off Site - CAT0001	
Description	Status
Description...	Incomplete

Exit

Add new

WR Form

Waste Received Information

- You may combine the same description of hazardous waste from multiple manifests as long as the following are the same:
 - Off-site handler EPA ID number
 - Form Code
 - Management Method Code.

Section 1

A. Description of hazardous waste

RCRA hazardous waste, lead

B. EPA hazardous waste code(s)

D004

Insert Code

Remove Code From List

C. State hazardous waste code(s)

121

Insert Code

Remove Code From List

D. Off-site handler EPA ID number

car000123456

G. Form code

[Click Here](#)

H. Management Method code

Select Management Method Code



Certification

- To complete your Biennial or Annual Report, you must certify the information.
- This is your electronic signature.

Certification - CAT0001



I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

First Name*

j

Middle Initial

Last Name*

smith

Title*

ceo

Email

jsmi@896.com

Date Signed*

12/01/2017


December, 2017						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9

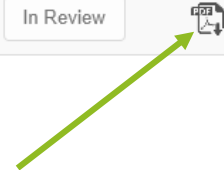
Close

Submit

BR Final Steps

- Your report will be reviewed by DTSC staff for any errors or discrepancies.
- You will receive an email if corrections must be made.
- DTSC staff cannot make corrections to your report.
- Log back in and make the corrections, then re-submit your report.
- DTSC staff will verify the corrections are made and will approve your report.
- Select the PDF file to print out your final report; you must keep a copy on-site for three (3) years.

ID Number	Facility Name	SI Form	GM Form	WR Form	
CAT000	CHEMICAL WASTE I				<div>In Review</div> 



Certification Page

Final Step

- Keep a copy of your report for your records.
- After the report is accepted by DTSC, send in your **signed page 6** of your report to DTSC.

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy) 12/01/2017
Printed Name (First, Middle Initial Last) j smith	Title ceo
Email jsmi@896.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

Where do you send your Certification Page?

Send your Certification Page ONLY to one of the following addresses:

DTSC Biennial Report

PO Box 806

Sacramento, CA 95812-0806

DTSC Biennial Report

1001 I Street – 11C

Sacramento, CA 95814